

| 2021 - Plan #1<br>with Health Savings Account (HSA)  | OH HOSPITALS*   | PHYSICIANS AND<br>ST. VINCENT**        | UNITEDHEALTHCARE                                 | OUT-OF-NETWORK                         |
|--|---|--|--|--|
| EMPLOYER CONTRIBUTION (PER CALENDAR YEAR)  |   |  |  |  |
| Individual   | Up to \$500 deposit per team member on a match basis*** |  |  |  |
| DEDUCTIBLE (PER CALENDAR YEAR)   |   |  |  |  |
| Individual   | \$2,800   |  | \$5,400  |  |
| Family   | \$5,400   |  | \$10,800   |  |
| OUT OF POCKET MAXIMUM (PER CALENDAR YEAR - INCLUDES COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS)                    |   |  |  |  |
| Individual   | \$4,500   |  | \$9,000  |  |
| Family   | \$9,000   |  | \$18,000   |  |
| PHYSICIAN / PROFESSIONAL FEES - MEMBER PAYS  |   |  |  |  |
| Primary Care Physician (Office Visit)  | N/A   | Deductible, then \$10 copay            | Deductible, then \$25 copay                      | Deductible, then \$25 copay, then 50%  |
| Specialist (Office Visit)  | N/A   | Deductible, then \$20 copay            | Deductible, then \$35 copay                      | Deductible, then \$35 copay, then 50%  |
| Charges Related to Office Visit (Lab, EKG, etc.)   | N/A   | Deductible, then \$50 copay, then 20%  |  | Deductible, then \$250 copay, then 50% |
| Imaging (CT/PET Scans, MRIs, X-Rays, etc.)   | N/A   | Deductible, then \$100 copay, then 20% |  | Deductible, then \$500 copay, then 50% |
| Professional Fees (Hospital Visits, Surgeon, Radiologist, Anesthesiologist, Pathologist, Allergy Injections, etc.) | N/A   | Deductible, then 20%                   |  | Deductible, then 50%                   |
| Urgent/Convenient Care   | N/A   | Deductible, then \$10 copay            | Deductible, then 20%                             | Deductible, then \$25 copay, then 50%  |
| Preventive Care  | You pay 0% for covered, in-network preventive care****  |  |  | NOT COVERED                            |
| HOSPITAL / FACILITY FEES - MEMBER PAYS   |   |  |  |  |
| Inpatient Service (including Owensboro Health hospital-based facilities) *   | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |  | Deductible, then \$750 copay, then 50% |
| Facility MRI   | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |  | Deductible, then \$750 copay, then 50% |
| Facility Lab and X-ray   | Deductible, then 0%                                     | Deductible, then \$150 copay, then 20% |  | Deductible, then \$250 copay, then 50% |
| Bariatric Surgery  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |  | Deductible, then \$750 copay, then 50% |
| Outpatient Surgical  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |  | Deductible, then \$750 copay, then 50% |
| Outpatient Therapy (PT, OT, ST, etc.)  | Deductible, then 0%                                     | Deductible, then 20%                   |  | Deductible, then 50%                   |
| Other Outpatient Services  | Deductible, then 0%                                     | Deductible, then \$250 copay, then 20% |  | Deductible, then \$750 copay, then 50% |
| EMERGENCY SERVICES - MEMBER PAYS   |   |  |  |  |
| True Emergency Care (Life threatening illness, accident, etc.)   | Deductible, then 0%                                     | Deductible, then 10%                   |  |  |
| Non-Emergency Care   | Deductible, then 10%                                    | Deductible, then \$350 copay, then 20% |  | Deductible, then \$350 copay, then 50% |
| Ambulance  | Deductible, then 0%                                     | Deductible, then 10%                   |  |  |
| MATERNITY CARE - MEMBER PAYS   |   |  |  |  |
| Physician charges only (Office Visits, Delivery)   | N/A   | Deductible, then \$200 copay           |  | Deductible, then \$750 copay, then 50% |
| Related Charges (Labs, etc.)   | N/A   | Deductible, then 20%                   |  | Deductible, then 50%                   |
| MENTAL DISORDERS / SUBSTANCE ABUSE - MEMBER PAYS   |   |  |  |  |
| Inpatient  | Deductible, then 0%                                     | Deductible, then 20%                   |  | Deductible, then 50%                   |
| Outpatient   | N/A   | Deductible, then \$25 Copay, then 20%  |  | Deductible, then \$25 copay, then 50%  |
| OTHER - MEMBER PAYS  |   |  |  |  |
| Home Health Care: Limited to 90 visits per calendar year. One visit equals 4 hours                                 | Deductible, then 0%                                     | Deductible, then 20%                   |  | Deductible, \$50 copay, then 50%       |
| Skilled Nursing Facility: Limited to a maximum of 120 days per calendar year                                       | Deductible, then 0%                                     | Deductible, then 20%                   |  | Deductible, \$50 copay, then 50%       |
| Hospice  | N/A   | Deductible, then 0%                    |  | Deductible, then 50%                   |
| Human Organ/Tissue Transplant  | Deductible, then 0%                                     |  | Deductible, then 0% for UMR Center of Excellence | NOT COVERED                            |
| Infertility  | Not Covered   |  |  |  |
| Freestanding Cath Lab Services   | N/A   | Not Covered                            |  |  |
| Spinal Manipulations   | N/A   | Deductible, then \$25 copay, then 20%  |  | Deductible, \$25 copay, then 50%       |
| All other covered services and supplies  | Deductible, then 0%                                     | Deductible, then 20%                   |  | Deductible, then 50%                   |

\*Including hospital-based departments - see listing on Link under HR & Benefits.

\*\*St. Vincent physicians and facilities in Vanderburgh and Warrick Counties only.

\*\*\*If a team member elects coverage for spouse or dependent who is also a team member of Owensboro Health, Inc, the maximum employer contribution remains at \$500.

\*\*\*\*Covered preventive care is per ACA guidelines and can be found on Link under HR & Benefits